	Division/Section	Family Support
	Chapter No./Name	7 – Administrative Procedures Manual
	Part No./Name	Q – Bilingual Requirements
	Section No./Name	Q-100 General Requirements
	Document No./Name	Q-110 General Requirements
	Effective Date	March 1, 2026

I. STATEMENT OF POLICY

Q-110-PO GENERAL REQUIREMENTS

The Louisiana Department of Health (LDH) has a responsibility to provide Limited English Proficiency (LEP) persons with meaningful access to the programs and services of our agency. LDH is also responsible for producing public notification materials that inform applicants, participants, and potentially eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint.

All Economic Stability (ES) applications include a question regarding language preference. The three primary languages spoken in Louisiana are English, Spanish, and Vietnamese. If a client indicates that no one in the household speaks English, the worker should document the household’s primary language as a case note in LITE, even if the primary language spoken is not Spanish or Vietnamese.

There is a field on the Household Information screen in LITE to identify individuals who do not understand English and who would need to receive correspondence in a language other than English. In addition, when an application is originally registered in LITE, the language preference is captured during registration, so the Appointment Letter is sent using the language specified on the application.


When the worker and client are unable to communicate because of a language barrier, the worker must secure the assistance of an LDH staff interpreter or utilize the Language Line. All interpretation services must be at no cost to the applicant/recipient. The worker must offer interpretation services even if the client provides someone to interpret on his or her behalf. Federal regulations regarding Limited English Proficiency (LEP) require confidentiality and accuracy of information shared between LDH and the client. If a client chooses to use his or her own interpreter after being informed that interpreter services are available at no charge, the worker must document the preference with a case note in LITE.

Q-110-1-PO Use of Family Members/Friends

Special care should be taken to ensure that family members, friends, and other informal interpreters are appropriate in light of the circumstances and subject matter of the program. This includes protection of the individual’s interest in accurate interpretation. In certain situations, family members (especially children) and friends are not competent to provide quality and accurate interpretations. Issues of confidentiality, privacy, or conflict of interest may also arise. Ensure that the client is made aware that a competent interpreter can be provided at no cost to the client.

Q-111-PO LANGUAGE LINE

The agency has contracted with Language Line Solutions to ensure equal access to services is provided for applicants/recipients who speak or understand languages other than English. The worker must document the use of the Language Line with a case note in LITE. Refer to Q-111-PR for procedures on utilizing the Language Line.

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Q-112-PO NOTICES IN SPANISH AND VIETNAMESE

ES and Departmental forms that inform applicants, participants, and potentially-eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint are available in English, Spanish, and Vietnamese. If a manual or semi-automated FFCCL – Client Contact Letter, the Spanish or Vietnamese versions of the forms are used, the worker must insert the appropriate language into the blanks on the forms. Refer to Q-112-PR.

The following forms have been translated in Spanish and Vietnamese: [DIS 1](#), [DIS 1ATT](#), [DIS 7](#), [DIS 7A](#), [DIS 9](#), [DIS 13](#), [DIS 15](#), [DIS 18C](#), [ESAP 1](#), [ESAP 2](#), [ESAP 3](#), [LaCAP 1](#), [LaCAP 2](#), [OFS FLYER 6](#), [OFS FLYER 6A](#), [OFS 4APP](#), [OFS 4I](#), [OFS 4MR](#), [OFS 4SR](#), [OFS 7P](#), [OFS 13SI](#), [OFS 13SN](#), [OFS 13SO](#), [OFS 18](#), [OFS 18C](#), [OFS 18K](#), [OFS 80](#), [OFS 81](#), [OFS 83](#), [OFS 86](#), [OFS 87](#), [SNAP 4RW](#), [SNAP 4WR](#), [SNAP 13A](#), [SNAP 13M](#), [SNAP 38](#), and [KCSP 4K](#).

If an individual requests a form or notice in a language other than English, Spanish, or Vietnamese, please contact the LDH Bureau of Legal Services office at LDH.CivilRightsComplaints@LA.GOV for assistance.

II. PROCEDURES

Q-110-PR GENERAL REQUIREMENTS

All ES applications include a question regarding language preference. If a client indicates that no one in the household speaks English, the worker must document the household’s primary language in LITE.


The worker must secure the assistance of an LDH staff interpreter or utilize the Language Line. If a client chooses to use his or her own interpreter after being informed that interpreter services are available at no charge, the worker must document the preference with a case note in LITE.

The worker must document in the LITE Worker Portal the language preference if other than English.

Q-111-PR LANGUAGE LINE

If the assistance of an LDH staff interpreter is not used, the worker must utilize the Language Line. The worker must also document the use of the Language Line with a case note in LITE.

- To utilize this service, call 1-866-874-3972. This is the designated toll free number. LDH Client ID number is: 657792.

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There are three ways these services can be utilized:

1) Receiving a Call from a Limited English Proficiency (LEP) Speaker

- Place the LEP speaker on hold.
- Dial the Language Line Solutions toll-free number.
- Input the **LDH** Client ID.
- Request the language spoken by the caller using their interactive voice response system.
- When the interpreter is connected, explain the situation, such as interviewing a person for SNAP eligibility or requesting additional information from a client.
- Conference with your LEP speaking caller.

2) Making a Call to a Limited English Proficiency (LEP) Speaker

- Dial the Language Line Solutions designated toll-free number.
- Input the **LDH** Client ID.
- Request the language spoken by your client through the interactive voice response system.
- When the interpreter is connected, explain the situation, such as interviewing a person for SNAP eligibility or requesting additional information from a client.
 - Call your LEP speaking client.
 - Or the interpreter can place the call for you within the U.S.

3) Face-to-Face with a Limited English Speaker


- Dial the Language Line Solutions designated toll-free number.
- Input the **LDH** Client ID.
- Request the language spoken by your client through the interactive voice response system.
- When the interpreter is connected, use your speakerphone or pass the handset back and forth.

See information listed below if there are questions or concerns when using the Language Line.

Unknown Language – If you do not know which language to request, press “0” and the Language Line representative will help you.

Line Quality Problems – If there is a sound quality problem, ask the Language Line representative to stay on the line to check for sound quality. If you have problems connecting to an Interpreter, call Customer Service at 1-800-752-6096.

Working With an Interpreter – Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

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- YOU are in charge of the conversation. YOU take the lead.
- Speak in the first person (i.e. what is your name) instead of third person (i.e. interpreter, please ask the LEP person what is her name). Speaking in the first person will make the call more effective and efficient.
- Avoid long, complex sentences, and do not use slang, jargon, or colloquial expressions.

Length of Call – Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning-for-meaning, not word-for-word. Concepts familiar to English speakers often require explanation or elaboration in other languages and cultures.

Interpreter Identification – Language Line Interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone number.

Demonstration Line – To hear a recorded demonstration of over-the-phone interpretation, call the demonstration line at 1-800-996-8808 or visit their website at www.LanguageLine.com.

Customer Service – To provide feedback, commend an Interpreter, or report any service concerns, call Customer Service at 1-800-752-6096.


Q-112-PR NOTICES IN SPANISH AND VIETNAMESE

LITE will automatically send the notice in Spanish or Vietnamese based on the correspondence language selected on the Household Information screen.

The worker must insert Spanish or Vietnamese language into the blanks on any manual form sent. If the worker selects the semi-automated Free Form Client Contact Letter (FFCCL), the worker must enter the appropriate language on the form. The Language Line is used as the primary translation service for written material provided to Spanish and Vietnamese speaking clients. Staff has the option of using free language translation services available on the internet, such as www.translate.google.com. When accessing one of these websites, select the English Spanish translation, or the English to Vietnamese translation, if available, then type in the phrase or question that needs translation and press 'Free Translation'. The appropriate translation will be provided. You may then copy and paste the translated phrase or question onto the applicable form.

III. FORMS AND INSTRUCTIONS

- DIS 1 [Form/Instructions](#) Application for Disaster Supplemental Nutrition Assistance Program
- DIS 1ATT [Form](#) / [Instructions](#) DSNAP Attestation
- DIS 7 [Form](#) / [Instructions](#) Information About the DSNAP
- DIS 7A [Form](#) / [Instructions](#) Information About the DSNAP - SDE
- DIS 9 [Form](#) / [Instructions](#) Rights and Responsibilities Flyer

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- DIS 13 [Form](#) / [Instructions](#) DSNAP Notice of Decision
DIS 15 [Form](#) / [Instructions](#) DSNAP Benefit Information
DIS 18C [Form](#) / [Instructions](#) Request for Verification
ESAP 1 [Form/Instructions](#) Elderly Simplified Application Project for SNAP
ESAP 2 [Form/Instructions](#) Elderly Simplified Application Project Program Information Rights and Responsibilities
ESAP 3 [Form/Instructions](#) Elderly Simplified Application Project Reporting Reminder
LaCAP 1 [Form/Instructions](#) LaCAP Enrollment Form
LaCAP 2 [Form/Instructions](#) Program Information and Rights and Responsibilities
OFS FLYER 6 [Form](#) / [Instructions](#) Notice of Cooperation with CSE and Agreement to Relinquish
OFS FLYER 6A [Form/Instructions](#) Notice of Good Cause Provisions Under Title IV-D
OFS 4APP [Form](#) / [Instructions](#) Application for Assistance
OFS 4I [Form](#) / [Instructions](#) Information about the Application for Assistance
OFS 4MR [Form](#) / [Instructions](#) Application for Continued Assistance
OFS 4SR [Form](#) / [Instructions](#) Simplified Reporting Form
OFS 7P [Form](#) / [Instructions](#) Personal Wage Record
OFS 13SN [Form](#) / [Instructions](#) Simplified Reporting Automated Reminder-Termination Notice
OFS 13SI [Form](#) / [Instructions](#) Simplified Reporting Notice of Incomplete Filing
OFS 13SO [Form](#) / [Instructions](#) Simplified Reporting System Notice
OFS 18 [Form](#) / [Instructions](#) Notice of Decision
OFS 18K [Form](#) / [Instructions](#) Notice of Decision (KCSP)
OFS 18C [Form](#) / [Instructions](#) Client Contact Letter
OFS 80 [Form/Instructions](#) Collateral Statement
OFS 81 [Form](#) / [Instructions](#) Landlord Verification
OFS 83 [Form](#) / [Instructions](#) Verification of Living Arrangements
OFS 86 [Form](#) / [Instructions](#) Verification of Contributions
OFS 87 [Form](#) / [Instructions](#) Current Past or Anticipated Wage Verification Letter
SNAP 4RW [Form](#) / [Instructions](#) Work Registration Requirement with Louisiana Workforce Commission
SNAP 4WR [Form](#) / [Instructions](#) SNAP Work Requirements
SNAP 13A [Form](#) / [Instructions](#) Supplemental Nutrition Assistance Case
SNAP 13M [Form](#) / [Instructions](#) Notice of Missed Interview
SNAP 38 [Form](#) / [Instructions](#) Statement Regarding Food Lost in A Household Disaster
KCSP 4K [Form/Instructions](#) Provisional Custody by Mandate

IV. REFERENCES

- [7 CFR 272.4\(b\)](#)
[Title VI of the Civil Rights Act of 1964](#)